

**WORK FIRST SUBSTANCE ABUSE INITIATIVE**  
**INDIVIDUAL SPECIFIC MONITORING**

<b>LME:</b>		<b>Date:</b>	
<b>Contract Provider:</b>		<b>Record #:</b>	
<b>Control #:</b>	<b>Category:</b>	<b>Admission Date:</b>	
<b>Rating Codes: 0 = No 1 = Yes 9=NA</b>			<b>Rating</b>
1. The QPSA (Qualified Professional – Substance Abuse) Provider presently served an individual during the current fiscal year in the work first substance abuse initiative program, child protective services and/or food nutrition services.			
2. There is evidence of a signed release of information between the individual's referring county department of social services and the local LME/Contract Provider to communicate regarding assessment and disposition.			
3. The release of information meets all the requirements for a valid release:			
a. Name of individual			a.
b. Name of program making disclosure			b.
c. Name of organization to which disclosure is to be made			c.
d. Nature of the information			d.
e. Purpose of disclosure			e.
f. Revocation Statement			f.
g. Expiration date			g.
h. Signature of individual			h.
i. Date signed			i.
4. There is evidence of a completed SUDDS IV or pre-approved alternate assessment for the participant.			
5. There is evidence of a report to the county department of social services concerning the participant's treatment progress.			
6. There is evidence that the QPSA is tracking the provision of consumer's services relevant to Work First participation.			
7. There is evidence that the LME contracted with the provider for these services			
8. The LME has notified/informed the contract provider of the Block Grant requirements for the services provided			
<b>Comments:</b>			
<b>REVIEWER:</b>			

**NC DIVISION OF MH/DD/SAS**  
**2011/2012**  
**WORK FIRST SUBSTANCE ABUSE INITIATIVE - INDIVIDUAL**  
**GUIDELINES**

All LME's participate in this monitoring event. In the category block please enter one of the following: WF for Work First, CPS for Child Protective Services or F/N for Food/Nutrition.

**Question #1:** The reviewer will determine if there are active Work First participants where the individual is engaged in substance abuse treatment. If there are no active participants, rate the question "0/No" and subsequent questions "9/NA".

**Question #2:** The reviewer will review documentation to determine if a release of information was completed for the county DSS and LME to communicate regarding the individual receiving an assessment and the disposition. (County in this case is the individual's referring county).

**Question #3:** The reviewer will review the release of information to ascertain that the release is valid. A valid release of information (meeting the requirements of 42 C.F.R. Part II) will include the following:

- a) Name of individual
- b) Name of program making disclosure (i.e. LME)
- c) Name of organization to which disclosure is to be made (i.e. County DSS)
- d) Nature of the information (i.e. outcome of assessment)
- e) Purpose of the disclosure (i.e. Work First eligibility)
- f) Revocation Statement
- g) Expiration Date (time limit of no more than one (1) year with reference to the specific information to be released.)
- h) Signature of service recipient
- i) Date (i.e. date signed by service recipient)

All elements (a-i) must be present in order to rate this question "1/Yes". If any item is not present, rate the question "0/No".

**Question #4:** The reviewer will review documentation to determine if a Substance Use Disorders Diagnostic Schedule-IV (SUDDS-IV) or approved alternate assessment was completed on the individual. If an "approved alternative" was used, there should be documentation from Starleen granting approval. If an assessment other than the SUDDS-IV or an approved alternate was completed, the rating code is "0/No".

NOTE: it is acceptable to complete an assessment in addition to the SUDDS-IV, but not necessary. **If the individual was engaged in substance abuse treatment prior to identification as a Work First participant, a SUDDS-IV is not required and the rating code should be NA.**

**\*\*If the assessment is not SUDDS, please refer to the exemption list provided by your team leader.**

**Question #5:** The reviewer will review documentation supporting evidence that the QPSA monitored the individual's participation in treatment. Types of evidence may include documentation with dates of contact with DSS, provider of SA services, and/or individual.

**Question #6:** The reviewer will review documentation to determine if a report on the individual's progress in substance abuse treatment, either verbally (which could be found in a services note) or written (i.e. a letter or a form), was provided to the county department of social services.

**Question # 7** Review the contract

**Question # 8** Review evidence that the LME notified/informed the contract provider of the requirements of the SAPT Block Grant.